

## HISTORY FACILITY PROFILE

ECLIPSE HOME HEALTH  
7340 BAINBRIDGE CIRCLE  
SALT LAKE CITY UT 84121  
STATE'S REGION CODE: 001

PROVIDER #: 467204  
PHONE NUMBER: (801) 651-1638  
PARTICIPATION DATE: 11/06/2002

TYPE ACTION: INITIAL  
TYPE FACILITY: OFFICIAL HEALTH  
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

## CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
			11/06/2002		

\*\*\* NO DEFICIENCIES WERE FOUND \*\*\*

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
STANDARD	0	0	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	0	0	0

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

## COMPLAINT SURVEY INFORMATION

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSSES    X=DEFICIENT  
COP = CONDITION    REQ = REQUIREMENT